

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL	3					
TOTAL	17					
TOTAL	20					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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